



FRIENDS OF COLUMBIAN PARK ZOO MEMBERSHIP FORM

Please complete one form for each membership.

Name _____
Mailing Address _____
City/State/Zip _____
Telephone: _____
E-Mail: _____

IF THIS IS A GIFT, PLEASE COMPLETE THE FOLLOWING:

Name of Recipient _____
Mailing Address _____
City/State/Zip _____
Telephone: _____
E-Mail: _____
Message: _____

Packet to (check one): ☐ Sponsor ☐ Recipient

Membership Level (check one):

- ☐ Zoo Friend \$25
- ☐ Zoo Keeper \$40
- ☐ Explorer \$100
- ☐ Naturalist \$200
- ☐ Adventurer \$500

HOW YOUR NAME SHOULD APPEAR ON MEMBERSHIP CARD *(Please specify exactly how you would like your name to appear on your Membership Card. Note that there may be two first names and a last name, or a family name only- for example, John Smith, John and Mary Smith, or The Smith Family are all acceptable)*

Please print this application, complete, and mail to the address below. Also include your check in the appropriate amount, made out to FOCPZ. Please allow two weeks for delivery.

**Friends of Columbian Park Zoo
1915 Scott Street-Lafayette, IN 47904**